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CHICAGO, IL 6			Miyoung Shin			(Depositor's name)				
			/Miyoung Shin/			(Signature)				
		Apr	il 29,	2010	(Date)					
APPLICATION NO. FILING DATE			FIRST NAMED INVENTO			R ATTORNEY DOCKET NO.			CONFIRMATION NO.	
10/087,158	Jeffrey A. Stocker 10022/234					2612				
TITLE OF INVENTION	: AUTOMATIC GENE	RATIC	N OF PERSONAI	L HOMEPAGES FOR	A SA	ALES FORCE				
APPLN. TYPE	SMALL ENTITY	IS	SUE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSUI	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO		\$1510	\$300		\$0		\$1810	06/07/2010	
EXAMINER			ART UNIT	CLASS-SUBCLASS	3					
VAUGHN, GREGORY J 2178				715-235000						
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>				2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)										
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)										
Accenture LLP Palo Alto, CA										
Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Governm										
4a. The following fee(s) are submitted:				b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 23-1925 (enclose an extra copy of this form).						
5. Change in Entity Stat	tus (from status indicated					-		TITY status. See 37 CF		
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Authorized Signature Miyoung Shin				·		Date A	pril 2	9, 2010		
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